

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/16/2014
NAME OF PROVIDER OR SUPPLIER KENTUCKIANA MEDICAL CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MEDICAL PLAZA WAY CLARKSVILLE, IN 47129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for State investigation of a complaint.</p> <p>Complaint #IN00156846, Substantiated; Deficiencies related to allegations cited.</p> <p>Survey date: 12/16/14</p> <p>Facility # 011178</p> <p>Surveyor: Trisha Goodwin, RN BSE Public Health Nurse Surveyor</p>	S 000		
S1316	<p>410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING</p> <p>410 IAC 15-1.5-10 (e)(2)</p> <p>(e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:</p> <p>(2) is initiated in a timely manner within time frames as established by written hospital policy;</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to facilitate discharge as established by written policy for 6 of 6 medical record (MR) admissions reviewed (MR#1, MR#2, MR#3, MR#4, MR#5 & MR#6) and 1of 6 medical record discharge instructions reviewed (MR#3).</p> <p>Findings:</p>	S1316		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S1316	<p>Continued From page 1</p> <p>1. Review of policy/procedure (P&P) NSG 2.08 Patient Assessment/Reassessment, last updated 9/10/12, indicated one of three purposes to include enabling appropriate and timely decisions regarding patient care...and patient's need for discharge planning, the policy indicated; All assessments are documented in the medical record. Information is exchanged in this manner, as well as through patient rounds, discharge planning and formal/informal meetings. The procedure of this P&P indicated under the heading Initial Screening/Assessment that the RN is responsible for completion of an initial assessment which will include:...discharge planning needs.</p> <p>2. Review of the P&P PR 5.03 Discharge Planning, last updated 9/10/12, indicated under the Policy heading, section titled Objectives of Discharge Planning: 1. To identify prior to or on admission, "high risk" patients..., 2. To coordinate post discharge needs and alternative care.</p> <p>3. Review of policy/procedure NSG 8.05 Routine Patient Dismissal, last updated 9/10/12, procedure #2, first bullet point indicated a signed discharge instruction sheet should be included in the medical record in all instances.</p> <p>4. Review of the following MR ' s indicated the following: Review of MR #1 indicated the patient was admitted 9/10/14. The adult admission assessment tool lacked indication of determination for discharge planning by a registered nurse (RN). Review of MR#1 indicated the patient was readmitted to the facility via the emergency department (ED) 9/27/14 and discharged on 10/25/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN.</p>	S1316		

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S1316	<p>Continued From page 2</p> <p>Review of MR#1 indicated the patient was admitted again 10/30/14 and discharged on 11/3/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#1 indicated the patient returned to the facility and was an in-patient from 11/6/14 to 11/8/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#1 indicated the patient was an in-patient from 12/10/14 to 12/13/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN.</p> <p>Review of MR#2 indicated the patient was admitted on 6/18/14 and discharged on 6/23/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#2 indicated the patient was readmitted on 7/16/14 and discharged on 7/23/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#2 indicated readmission to the facility 8/28/14 to 9/8/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN.</p> <p>Review of MR#3 indicated the patient was admitted on 9/6/14 to 9/18/14 . The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#3 indicated the patient was readmitted on 9/23/14 to 10/2/13. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#3 indicated the patient was readmitted on 11/8/14 to 11/20/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. The recorded included a set of DC instructions, but lacked evidence of receipt by the patient or</p>	S1316		

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S1316	<p>Continued From page 3</p> <p>representative. Review of MR#3 indicated the patient was readmitted on 11/21/14 to 12/13/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Discharge instructions lacked signature by the patient or representative.</p> <p>Review of MR#4 indicated the patient was admitted on 6/3/14 to 6/8/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#4 indicated the patient was readmitted on 6/19/14 to 6/21/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#4 indicated the patient was readmitted on 6/25/14 to 6/28/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#4 indicated the patient was readmitted on 10/14/14 to 10/17/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#5 indicated the patient was admitted on 6/8/14 to 6/11/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN. Review of MR#5 indicated the patient was readmitted on 6/26/14 to 6/29/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN.</p> <p>Review of MR#6 indicated the patient to be an inpatient admitted on 12/11/14 with plan for discharge on 12/16/14. The adult admission assessment tool lacked indication of determination for discharge planning by a RN.</p> <p>5. On 12/16/14 at 4:30pm A4, CNO, indicated discharge planning (DCP) needs should be assessed and addressed on the Adult Admission Assessment form with indication of DCP needed</p>	S1316		

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S1316	Continued From page 4 or not needed. A4 further confirmed inability to determine discharge planning needs based on current Adult Admission Assessment.	S1316			